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## APPLICANTS

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*verified KKM*

\*\* CONTINUING DATA \*\*\*\*\*

*none KKM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none KON*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/22/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>KKM</i>				

## ADDRESS

28159

~~PHILIPS MEDICAL SYSTEMS~~~~PHILIPS INTELLECTUAL PROPERTY & STANDARDS~~

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ATL ULTRASOUND

## TITLE

EXTERNAL ATRIAL DEFIBRILLATOR AND METHOD FOR PERSONAL TERMINATION OF ATRIAL FIBRILLATION

FILING FEE  RECEIVED 1828	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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